


## Change of Circumstance - Applications

This form is to be completed by applicants (including approved transfer applicants) to advise a social housing provider of any changes to their circumstances. Please use BLOCK LETTERS and print in black or blue pen only. Please mark all relevant boxes with a . If you need more space, please write on a blank page and attach it to this form. Questions that we need evidence for are marked with . See the *Evidence Requirements Information Sheet* for details.

T File number	Client reference number	Application reference number
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Applicant details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
First and middle name(s)	<input type="text"/>	
Date of birth	<input type="text" value="DD/MM/YYYY"/>	
Unit/House number	Street/Avenue	<input type="text"/>
Town/Suburb	Postcode	<input type="text"/>

### C1. Contact details

**Note:** Social housing providers may use any of the contact details you provide.


Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

### C1a. Is your mailing/contact address the same as your residential address?

<input type="checkbox"/> Yes → Go to C1b.	<input type="checkbox"/> No give details	
Unit/House number	<input type="text"/>	
Street/Avenue	<input type="text"/>	
Town/Suburb	Postcode	<input type="text"/>

### C1b. Who should we contact about your application?

<input type="checkbox"/> Contact me directly	<input type="checkbox"/> Contact a third party (for example, a support worker, advocate, friend or relative)
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 You will need to complete the *General Consent to Exchange Information & Authority to Act on Client's Behalf* form which can be downloaded from [www.housingpathways.nsw.gov.au](http://www.housingpathways.nsw.gov.au).

**C2. Have you or anyone included in your application lived in a social housing property before?**

Former social housing tenants or occupants may be required to provide additional evidence. See item 6 on the *Evidence Requirements Information Sheet* for details.

Yes



name of person who used to live in a social housing property

No → Go to C3.

Family Name

First name

**C2a. Address of the property**

Unit/House number

Street/Avenue

Town/Suburb

Postcode

**C2b. If it was a community housing or Aboriginal housing property, what is the name of the provider that managed the property?**

**What has changed?**

Yes



give details

No

**C3. Is there a change in income or financial assets for anyone on your application?**

**Note:** If the person receives a Centrelink benefit, they can include their details on the Income Confirmation Scheme (ICS) Consent Authority on page 7 of this form or on a separate community housing income confirmation form.

Attach proof. See items 8 and 9 on the *Evidence Requirements Information Sheet* for details.



Name of person whose income/financial assets have changed	Type of income/financial asset (for example, wage, pension, savings)	Weekly income before tax
		\$
		\$
		\$
		\$

**C3a. Is there a change in expenses for anyone on the application?**

Attach proof. See items 10 and 11 on the *Evidence Requirements Information Sheet* for details.

Yes



give details

No



Name of person whose expenses have changed	Type of expense	Weekly expense
	<input type="checkbox"/> Disability, medical or permanent injury <input type="checkbox"/> Regular child support payments	\$
	<input type="checkbox"/> Disability, medical or permanent injury <input type="checkbox"/> Regular child support payments	\$
	<input type="checkbox"/> Disability, medical or permanent injury <input type="checkbox"/> Regular child support payments	\$
	<input type="checkbox"/> Disability, medical or permanent injury <input type="checkbox"/> Regular child support payments	\$

**C4. Has your household changed?**

Yes

No → Go to C5.

**C4a. Do you want to add a person(s) to your application?**

Yes

No



complete an *Additional Person Information* form

**C4b. Do you want to remove a person(s) from your application?**

Yes  
give details

No

Name of person to be removed from your application	Reason	Date of birth	Date person is to be removed
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

**C5. Has your housing situation changed?**

Yes

No

**C5a. Are you homeless at the moment, such as living on the streets, in a squat or in a car?**

Yes  
give details

No

If yes, how long have you been homeless?

How many times have you been homeless in the past 5 years?

**C5b. Do you have somewhere safe to stay tonight?**

Yes  
give details

No

If yes, how long can you stay there?

**C5c. Are you seeking housing assistance because you need to leave the place you are staying and you have nowhere else to live?**

Yes  
give details

No

Why do you need to leave?



Attach documents that support your answer. See item 13 on the *Evidence Requirements Information Sheet* for details.

When will you be leaving? (if known)

**C5d. Is your current accommodation unsuitable, unhealthy or unsafe?**

Yes  
give details

No



Attach documents that support your answer. See item 14 on the *Evidence Requirements Information Sheet* for details.

**C5e. Are you seeking housing assistance because of violence or risk of harm?**

Yes  
give details

No



Attach documents that support your answer. See item 15 on the *Evidence Requirements Information Sheet* for details.

**C6. Do you or anyone on your application have a disability or ongoing medical condition?**

Yes  
give details

No

Attach proof. See item 16 on the *Evidence Requirements Information Sheet* for details.

Name of person with a disability or ongoing medical condition	Name of disability or ongoing medical condition

**C6a. Do you or anyone on your application require access to a specific service or school because of a medical condition or disability?**

Yes  
give details

No

Attach documents that support your answer. See item 17 on the *Evidence Requirements Information Sheet* for details.

Name of person requiring access to the service or school	Name of service or school	Reason	For how long will it be required?

**C6b. Do you or anyone on your application receive ongoing support from an organisation, program or a person?**

Yes  
give details

No

NDIS

Carer

HASI

Other

Attach proof or give your consent for information to be exchanged with your support provider. See item 18 on the *Evidence Requirements Information Sheet* for details.

Name of person receiving support	Name of organisation, program or person providing support	Contact phone number	Email

**C7. Would you like to change your housing preferences or housing requirements?**

Yes

No

**C7a. What type of social housing do you prefer?**

Mark one only.

All available social housing options (this includes public, Aboriginal and community housing managed by any Housing Pathways social housing provider)

Public housing only - this includes public and Aboriginal housing managed by the Department of Family and Community Services (FACS)

Community housing only (this includes community and Aboriginal housing managed by any Housing Pathways community housing provider)

**Note:** Housing Pathways social housing providers may use your details from the NSW Housing Register to make you an offer of affordable housing. They may also give your details to another social housing provider so they can make you an offer of social housing. For more information see the *Matching and Offering a Property to a Client Policy* at [www.housingpathways.nsw.gov.au](http://www.housingpathways.nsw.gov.au).

**C7b. Where would you prefer to live?**

Allocation zone

**Note:** For more information regarding allocation zones and expected waiting times go to [www.housingpathways.nsw.gov.au](http://www.housingpathways.nsw.gov.au).

**C7c. Would you like to be considered for any of the following?**

Aboriginal housing

**Note:** Aboriginal housing includes properties which are specifically for Aboriginal people and are managed by FACS or community housing providers, including Aboriginal community housing providers.



To apply for Aboriginal housing, Aboriginality needs to be confirmed. See item 3 on the *Evidence Requirements Information Sheet* for details.

A Senior Communities property

**Note:** These properties are in complexes that are specifically for older people. To be eligible, you must be either: a single applicant aged 55 years and over, or an Aboriginal and/or Torres Strait Islander aged 45 years and over; or part of a two person adult household where at least one person is 55 years and over or an Aboriginal and/or Torres Strait Islander aged 45 years and over.

**C7d. Do you have any of the following reasons why you could NOT live in a highrise unit?**

Medical condition or disability

Child or young person at risk



Attach proof. See items 22 on the *Evidence Requirements Information Sheet* for details.

**C7e. If you want offers of community housing will you accept an offer of a highrise unit?**

Yes

No

**C7f. Do you have any of the following reasons why you could NOT live in a studio unit?**

Medical condition or disability

Require a carer

I am not a single person



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

**C7g. If you want offers of community housing will you accept an offer of a studio unit?**

Yes

No

**C7h. Do you or anyone on your application have difficulty climbing stairs?**

Yes  
↓  
give details

No



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

Name of person

Family Name

First Name

Please mark the box with the maximum number of steps this person can cope with

0

1-2

3-5

6 or more

**C8. Details of any other changes not already covered in this form.**

Yes  
↓  
give details

No

Use this section to provide further information about your situation or to provide any other details not covered in this form (for example, change in name, change in residency status/ visa category, financial management changes, public or private guardian changes, etc.)



Attach documents that support your answer. See the *Evidence Requirements Information Sheet* for details.


### C9. FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

### Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

### Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Title   
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date

### C10. Is there another person helping you to fill out this form?

Yes  No  
that person should read and sign the declaration below

### Declaration from the person assisting or completing this application on behalf of the applicant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title   
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date  Phone

# Income Confirmation Scheme Consent Authority

If you or anyone on this application wish to participate in the Centrelink Income Confirmation Scheme please complete the consent form below.

This consent will be used for the sole purpose of authorising Centrelink to provide information to the Department of Family and Community Services (FACS) to assess your eligibility for concessions or services provided by FACS.

If you do not want Centrelink to provide your information electronically to FACS, you will need to obtain the information required from Centrelink yourself and provide it to FACS.

**Please read and sign the consent and the declaration below:**

- I authorise the Department of Family and Community Services (FACS) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order for FACS to determine if I qualify for a concession, rebate or service.
- I authorise the Australian Government Department of Human Services to provide the results of that enquiry to FACS.
- I understand that the Department of Human Services will use information I have provided to FACS to confirm my eligibility for concessions, rebates or services and will disclose to FACS my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payments, deductions and shared care arrangements.
- I understand that this consent, once signed, remains valid while I am a customer of FACS unless I withdraw it by contacting FACS or the Department of Human Services.
- I understand that I can obtain proof of my circumstances/details from the Department of Human Services and provide it to FACS so that my eligibility for concessions, rebates or services can be determined.
- I understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concessions, rebates or services provided by FACS.

Family name	Given name(s)	Date of birth	Centrelink Customer Reference Number	Signature	Date
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY

More information about Centrelink Confirmation eServices is available from Centrelink or on Centrelink’s website at [www.humanservices.gov.au](http://www.humanservices.gov.au).

**Interpreting Services**

If you need help with interpreting or translation because English is not your first language, phone the *All Graduates Interpreting and Translating Service* on 1300 652 488. They will phone the social housing provider and interpret for you for free.